

RONALD FANTOZZI

10 OF 18

ADMISSION RECORD				ST. MARY'S HOSPITAL LEWISTON, ME 04240			
DAI NO: 8229528		ARRIVED: 002213421		PATIENT NAME: FANTOZZI, RONALD M		SVC: MS 0300/ A	
PATIENT ADDRESS: 40 POLAND RD		AGE: 036Y		D.O.B: 62		PLACE OF BIRTH: CT	
CITY, STATE, ZIP: AUBURN ME 04210		HAIR: BLK		EYES: BRN		ETHNIC: H	
ATTENDING PHYSICIAN: BROWN, JEFFREY L		NEXT OF KIN/ SPOUSE: DEBORAH		NEXT OF KIN/ TELEPHONE NO: /			
REFERRING PHYSICIAN: BOULANGER, MICHAEL J		RACE: C / N		REG. PREV. DISCH: 81		EAS NO: 9/16/97	
DATE/TIME ADMITTED: 8/17/98 18:43		DATE/TIME DISCH/DEATH: 8/20/98 2050		ACCIDENT DATE/HOUR: /			
PT. PHONE # 207 782-3873		ADMIT BY: SOC SEC # 2724		LOCATION: AUBURN ME 04210		ADMITTING DIAGNOSIS: NEPHROLITHIASIS	
EMPLOYER PHONE # 40 POLAND RD		GUARANTOR (NAME/ADDRESS): FANTOZZI, RONALD M		VETERAN: /		X-RAY NO: /	
ADVANCE DIRECTIVE: /							
POWER OF ATTORNEY: NONE				LIVING WILL: NONE			
INSURANCE CO. NAME: HEALTHSOURCE ME		POLICY NO: 218103-01		GROUP NUMBER: M219		SUBSCRIBER NAME(S): FANTOZZI, RONALD M	
RELAT: PT							
ADMITTING DIAGNOSIS: NEPHROLITHIASIS							
COMMENTS: DM		TRANS. OR ADMIT: /		DATE LAST SERV: 9/16/97		PHYSICIAN: 00869	
EMPLOYER INFORMATION				PATIENT INFORMATION			
EMPLOYER NAME: FALCON SHOE		EMPLOYER ADDRESS: CANAL ST		CITY: LEWISTON		STATE: ME	
ZIP: 04240		PHONE NUMBER: (207)					
GUARANTOR INFORMATION				SUBSCRIBER INFORMATION			
NAME: FANTOZZI		NAME: RONALD M		PAT. REL: PT		ADDRESS: 40 POLAND RD	
CITY: AUBURN		STATE: ME		ZIP: 04210		PHONE NUMBER: (207) 782-3873	
SOC. SEC. NO: FALCON SHOE		EMPLOYER: /		ADDRESS: CANAL ST			
CITY: LEWISTON		STATE: ME		ZIP: 04240		PHONE NUMBER: (207)	
SUBSCRIBER INFORMATION				INSURANCE CO. INFORMATION			
NAME: FANTOZZI		NAME: RONALD M		SEX: M		PAT. REL: PT	
CITY: AUBURN		STATE: ME		ZIP: 04210		PHONE NUMBER: (207) 782-3873	
INSURANCE CO. NAME: HEALTHSOURCE ME		ADDRESS: 174 FREEPORT ROAD		CITY: FREEPORT		STATE: ME	
ZIP: 04032		NAME: /		SEX: /		PAT. REL: /	
CITY: /		STATE: /		ZIP: /		PHONE NUMBER: (000)	
INSURANCE CO. NAME: /		ADDRESS: /		CITY: /		STATE: /	
ZIP: /		/		/		/	

500685.011.0241

0229528 NO NK 221342

8/17/98 BROWN, JEFFREY L

Z1, RONALD N

RE

ALBORN NE 04210

62 M/W 207-7875873

Mary's Regional Medical Center
Consent/Assignment/Authorization Statement**Consent for Treatment**

Admission Date:

I, the undersigned (patient in this St. Mary's Regional Medical Center ("SMRMC") and physicians (and whomsoever they may designate as assistants) to administer such treatment as is necessary, and such additional operations or procedures as are considered therapeutically necessary on the basis of findings during the course of said treatment. I also consent to the administration of such anesthetics as are necessary. Any tissues or parts surgically removed may be disposed of by SMRMC in accordance with accustomed practice. I hereby certify that I have read and fully understand the above Consent for Treatment, the reasons why the treatment/procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment which have been explained to me by the attending physician. I also certify that no guarantee or assurance has been made to the results that may be obtained.

Authorization To Release Medical Information

St. Mary's Regional Medical Center is hereby authorized and requested to furnish the Healthsource insurance company(s) or its properly authorized agent, my employer and any peer review organization which conducts reviews of hospital utilization under an agreement with my employer and/or health insurance carrier, or any person or corporation that is or may be liable, under contract or otherwise, for all or part of the Medical Center's charge; all information required by it to determine benefits, including nature of the visit, diagnostic and treatment information, and copies of my medical record which may be available to said hospital.

Assignment Of Benefits

I hereby assign unto St. Mary's Regional Medical Center and related contracted professionals, all hospital insurance benefits now due and to become due and payable to me or on my behalf, but not to exceed the Medical Center's charges by virtue of my treatment by the hospital, and I hereby direct the Healthsource Insurance Company(s) to pay such benefits directly to the hospital in consideration of the hospital care and services furnished and to be furnished by the hospital.

Payment Terms

I understand payment of charges are due for services rendered within Thirty (30) days including any collection or attorney's fees. If I am financially unable to do so, I agree to complete a detailed financial statement so alternative payment arrangements can be determined. I agree to pay all charges for services not authorized for payment by any Health Maintenance Organization, Preferred Provider Organization or other Managed Care Organization for which I seek certification for treatment by St. Mary's.

Release From Responsibility For Personal Property

I understand and agree that under no circumstances will St. Mary's Regional Medical Center be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

Authorization For Payment Of Medical Benefits

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers or any other medical insurers, any information needed for this or a related Medicare, or other medical insurance claim. I request that payment of authorization of authorized benefits be made to St. Mary's Regional Medical Center and to physicians or organizations providing medical services to me or for my benefit. For extended outpatient services I request this authorization apply to the extent of my services.

An Important Message From Medicare/Champus

I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgement of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

I Have Read This Consent/Authorization Completely And Crossed Out Any Words Or Phrases That I Do Not Accept:

Patient Signature: [Signature] Date: 8/17/98 Time: 1650

Witness Signature: [Signature] Date: 8/17/98 Relationship: _____

Telephone Consent Received By: _____ Date: _____ Time: _____

500685.011.0242

St. Mary's REGIONAL MEDICAL CENTER									
ADMIT NO. 8729520	IC C	HOW ARRIVED	MED. REC. NO. 00221342	PATIENT NAME FANTOZZI, RONALD M	EMERGENCY ROOM - 800	DATE 8/17/98			
PATIENT ADDRESS 80 PINE RD		AGE 65Y	DATE OF BIRTH [REDACTED] 62	PLACE OF BIRTH C	SEX M	STATUS M	HMO CALLED [REDACTED]		
CITY/STATE/ZIP CHICAGO IL 60642		MAIDEN NAME		MOTHER/FATHER NAME		RELEASED [REDACTED]			
NEXT OF KIN/SPOUSE DEBORAH		NAME AT LAST ADMIT		VETERAN		TREATED & RELEASED [REDACTED]			
PRIVATE PHYSICIAN DOUGLAS, MICHAEL J		RACE/ORIGIN C		RELIGION D		PREV DISCH. DATE		EMS. NO.	
DATE AND TIME OF SERVICE 8/17/98 7:58		ACCIDENT DATE/HOUR 8/16/98 16:00		DATE AND TIME OF DEATH		TREATED & RELEASED [REDACTED]			
PATIENT'S SOURCE ME		POLICY NO. 210103-01		GROUP NUMBER 1219		SUBSCRIBER'S NAME FANTOZZI, RONALD M		REL. #	
PT PHONE # 207 782-2873		NEXT OF KIN PHONE # 207 782-2873		SOC. SEC. #		006540734			
BLOOD IN URINE, BLD PAIN									
DIAGNOSIS									
ALLERGIES		LAST TETANUS							
Triage		<p>Onset 0600. @ Flank Pain. Hema- turia. Pain progressive to severe. Skin Hot/dry. Pt unable to lie down - guarding & walkup.</p>							
Triage Signature		<p>SBoutcher</p> <p>Saw Dr. Int'l ops ? stone @ time. A called Dr. Boulanger</p> <p>0808 36.5 88 100 130/60</p> <p>0900 Tymp 104 130/60</p> <p>Medications ho</p> <p>10²</p> <p>2128 10³</p> <p>Med hx Kidney stones Cholitis Apt OB</p> <p>1722 - Call [REDACTED]</p> <p>15¹⁵ After [REDACTED]</p> <p>HA</p>							
0808									
0835									
0840		20 mg IV fentanyl							
0844		Tylenol 30mg IV							
0846		Demerol 25mg IV push							
0850		Stokes feeling a little better to x L.							
0903		Recheck from [REDACTED]							
0905		Demerol 75mg IV for pain - 130/60 - 35							
17 ¹⁵ Dr. [REDACTED]		See [REDACTED] Sheet							
17 ¹⁵ Dr. [REDACTED]		[REDACTED]							

500685.011.0243

PATIENT CALLED WITH LABORATORY / X-RAY RESULTS:

DATE

TIME

INITIALS

St. Mary's Regional Medical Center Consent/Assignment/Authorization Statement

Consent for Treatment

Admission Date: _____

I, the undersigned a patient in this St. Mary's Regional Medical Center ("SMRMC"), hereby authorize employees of SMRMC and physicians(s) (and whomever they may designate as assistants) to administer such treatment as is necessary, and such additional operations or procedures as are considered therapeutically necessary on the basis of findings during the course of said treatment. I also consent to the administration of such anesthetics as are necessary. Any tissues or parts surgically removed may be disposed of by SMRMC in accordance with accustomed practice. I hereby certify that I have read and fully understand the above Consent for Treatment, the reasons why the treatment/procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment which may have been explained to me by the attending physician. I also certify that no guarantee or assurance has been made to the results that may be obtained.

Authorization To Release Medical Information

St. Mary's Regional Medical Center is hereby authorized and requested to furnish the Healthcare Insurance company(s) or its properly authorized agent, my employer and any peer review organization which conducts reviews of hospital utilization under an agreement with my employer and/or health insurance carrier, or any person or corporation that is or may be liable, under contract or otherwise, for all or part of the Medical Center's charge; all information required by it to determine benefits, including nature of the visit, diagnostic and treatment information, and copies of my medical record which may be available to said hospital.

Assignment Of Benefits

I hereby assign unto St. Mary's Regional Medical Center and related contracted professionals, all hospital insurance benefits now due and to become due and payable to me or on my behalf, but not to exceed the Medical Center's charges by virtue of my treatment by the hospital, and I hereby direct the Healthcare Insurance Insurance Company(s) to pay such benefits directly to the hospital in consideration of the hospital care and services furnished and to be furnished by the hospital.

Payment Terms

I understand payment of charges is due for services rendered within 30 days including any collection or attorney fees. If I am financially unable to do so I agree to complete a detailed financial statement so alternative payment arrangements can be determined.

Release From Responsibility For Personal Property

I understand and agree that under no circumstances will St. Mary's Regional medical Center be responsible for personal property. I take full responsibility for retaining in my possession or custody any and all such articles.

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I Have Read This Consent/Authorization Completely And Crossed Out Any Words Or Phrases That I Do Not Accept:

Rashid Taha AUG 17 1998 708
 Patient Signature Date Time

[Signature] AUG 17 1998 Relationship
 Operator Signature Date
[Signature] Date
 Witness Signature

Telephone Consent Received By: _____ Date: _____ Time: _____

500685.011.0244

FANTOZZI, Ronald Boyink SMRMC 08/17/1998
MR#: 221342 ACCT#: 8229528 DOB: [REDACTED] 1962 IN: 0758 EXAM: 0820

PROBLEM: Severe right lower quadrant and right flank pain.

HPI: The patient is a 36-year-old male who comes to the emergency department via private vehicle for evaluation of severe right lower quadrant and right flank pain. He has had a previous kidney stone. He had noted some hematuria and thought he was again passing a kidney stone. He states the pain has continued throughout the last 12 hours. He has been unable to get comfortable with any of his usual treatments.

PMH: Kidney stones. A history of Crohn's disease. He had his appendix out and also gallbladder removed. He has had obstructed Crohn's disease in the past. There was some history of difficulty with pain tolerance during his last hospitalization here.

ALLERGY: None.

MEDS: He is not on any current medications. He has not had any narcotic pain medication in a long time.

DDM:

PMD: Dr. Michael Boulanger. He has also seen Dr. Mailhot.

EXAM: Vital Signs at 0808 hours: Temperature 36.5, pulse 88, respiratory rate 20, blood pressure 140/80. General appearance: The patient is awake and alert. He is lying on his left side and moderately uncomfortable. He is moving actively on the stretcher.

LUNGS: Clear.

CARDIOVASCULAR: Regular rhythm without murmurs.

ABDOMEN: Soft. He is 1+ tender in the right lower quadrant. He is 2+ tender in the right flank.

RECTAL: Normal prostate, nontender. There is some slight tenderness in the rectal vault but this appears to be more related to the rectal examination process rather than any localized tenderness. Stool guaiac was negative. Very little stool was present in the vault.

EXTREMITIES/SKIN: Appear normal.

COURSE/PROCEDURES: The patient had a urinalysis requested. He was unable to void. A KUB was obtained. The patient received IV fluids. He received Toradol 30 mg IV and Demerol 75 mg IV with no relief of his discomfort. He was given another 75 mg of Demerol with partial relief. He was sent for an IVP.

X-RAYS: Read by the radiologist.

KUB: This showed a sentinel loop.

IVP: This was completely negative for obstruction.

LAB: A CBC and SMA-12 were obtained and these were also normal. Urinalysis still was not available by voiding.

The case was then discussed with Dr. Jeffrey Brown who is covering for Dr. Boulanger. He asked that the patient receive further IV fluids and eventually receive further evaluation once he has voided.

Dictate, Inc. 207-539-8477 for NES-St. Mary's Regional Medical Center
ORIG. COPY VF#: 2128 Page 1 of 2

500685.011.0245

FANTOZZI, Ronald Boyink SMRMC 08/17/1998
NR#: 221342 ACCT#: 8229528 DOB: [REDACTED]/1962 IN: 0758 EXAM: 0820

The patient was still unable to void after an additional one and a half liters of fluid. He was ultimately catheterized both for residual and for urinalysis specimen. The urine then dipped grossly positive for blood.


DX:

1. Pending.

MDM/TX/COUNSEL/COORD:

1. Care was turned over to Dr. Jeffrey Brown who will see the patient later. Please see his note.

DISPOSITION: Care of patient transferred.



Douglas P. Boyink, M.D.

DOD:08/17/1998 DPB/jma
DOT:08/18/1998
cc: Dr. Michael Boulanger
Dr. Mailhot

ST MARY'S
REGIONAL MEDICAL CENTER
LEWISTON, MAINE

NURSING CONTINUATION

SHEET

CONTINUED

NO

5009358

PAGE

OF

Fontana, Penelope

Boyink

8/7/94

1030				Labs drawn	States a little relief from pain
					med.
1130	120	88	20	NS 10mg over	Increase pain
1200	120	88			10min slow IV P
					States feeling better - Awake by IV
1240					1000cc IV absorbed,
					2nd LR hung to X-ray of
1300	110	80	20		Continues to rel. pain - Awake by
					X Ray results
1400					At unable to void
1510	120	80		Demerol 75mg IV	for continued pain - unable to
1630					void
					Unable to void - pain better
					but not gone
1745					Straight cath Foley inserted
				80cc 350cc out	
1825	120	80	20	Demerol 75mg IV	for 1 pain - Dr Brown
					in - fit to be adm.
1845	110	80	20		Floor unable to take report

RN/LPN

RN/LPN

DOCTOR'S SIGNATURE

500685.011.0247

St. Mary's Regional Medical Center
Emergency Department Radiology Request

Examination(s) Requested: 1005

Reason for Examination: RT Neck pain

Examinations Ordered By: Dr. Richard Stone
Bogink

Ankle

(1) Frontal View



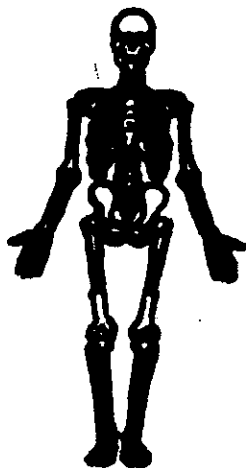
(2) Viewed from medial side



Plane of Section



Elbow



8229528

NR

221342

11/17/98

1470221, RONALD N

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1470221, RONALD N

Preliminary Reading

E.D. Interpretation

- ☐ Normal ☐ No Acute Abnormality
☐ Other (specify)

Emergency Physician's
Signature: _____

Radiology Interpretation

- ☐ No E.D. interpretation
☐ Agree with E.D. ☒ no further action
☐ Disagree with E.D.

Radiologists recommendation:

no bndt objct
Sentinel LAPP.

E.D. called: Date _____
Time _____

1.6hr
8-17-98

Follow-Up Note

(Must be completed in cases of recommendation.)

Date of Follow-Up: _____

☐ E.D. Chart reviewed/No follow-up necessary

E.D. Physician's
Signature: _____

White - Medical Record • Yellow - E.D. File Copy • Pink - Radiology

500685.011.0248

St. Mary's Regional Medical Center

Emergency Department Radiology Request

Examination(s) Requested:

IVP

Reason for Examination:

(R) flank

Examinations Ordered By:

Boyer

Ankle

(1) Frontal View



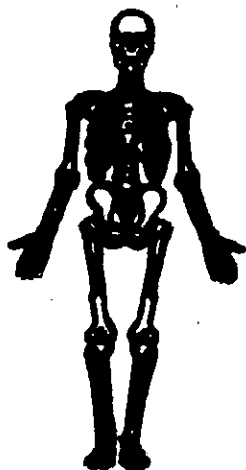
(2) Viewed from medial side



Plane of Section



Elbow



#08-99-89
 2229525 NR 221342
 8/17/98
 121221, RONALD H
 4 POLAND RD
 NE 04210
 101-01 8219

/62 7823673

Preliminary Reading

E.D. Interpretation

- ☐ Normal ☐ No Acute Abnormality
☐ Other (specify)

Emergency Physician's

Signature: _____

Radiology Interpretation

- ☐ No E.D. interpretation
☐ Agree with E.D. no further action
☐ Disagree with E.D.

Radiologists recommendation:

no other

E.D. called: Date
TimeT. Kher
8-17-98

Follow-Up Note

(Must be completed in cases of recommendation.)

Date of Follow-Up: _____

☐ E.D. Chart reviewed/No follow-up necessaryE.D. Physician's
Signature: _____

White - Medical Record • Yellow - E.D. File Copy • Pink - Radiology

500685.011.0249

08/18/98

08:53

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**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

8229528

MS-300 22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 62

JEFFREY BROWN, M.D.

Admitted: 08/17/98

HISTORY/PHYSICALDictator: **JEFFREY BROWN, M.D.****CHIEF COMPLAINT:**

Ronald Fantozzi is a 36-year-old white male with history of nephrolithiasis and Crohn's disease. He has had not had active Crohn's disease in many years but he has had recent problems with his nephrolithiasis. He was last admitted September of 1997 for renal colic. CAT scan of the abdomen was done to rule out exacerbation of Crohn's disease at that time but no evidence of active Crohn's disease was noted. There was some residual left sided hydronephrosis despite a ureteral stent which was in good position. He was discharged, I believe he did have a lithotripsy after this and this was for left sided calculus. He continued to have hematuria according to the patient and he saw Dr. Mailhot for this 2 months ago. Yesterday morning he started having bright red urine and increased pain on the right flank. He has been having diarrhea but that is not necessarily new. He had 4 or 5 bouts of diarrhea yesterday, he only moved them once today. He has no nausea or upper abdominal pain. He has severe right lower quadrant pain. He is status post appendectomy. In the Emergency Room he has been without fever but he has been in severe pain getting recurrent doses of Demerol and Toradol.

PAST MEDICAL HISTORY: Crohn's disease, status post partial colectomy and incidental appendectomy 1989, status post cholecystectomy by Dr. Walworth 1992. History of allergic rhinitis for which he has received immunotherapy from Dr. Vranczy in the past. Allergic to cats and pollen. Adjustment disorder with anxiety and panic attacks under the care of Dr. Ballenger. Hepatitis C carrier state. Staph aureus airway colonization with prior bronchitis. Xanax and BuSpar intolerance.

ALLERGIES: He has no known drug allergies.

SOCIAL HISTORY: He used to smoke a pack a cigarettes per day and no longer. He is not drinking recently. He is married with 3 children, age 15, 10 and 8. He works at Falcun Shoe as an injection molder. He stands for long periods a day.

MEDICATIONS: Luvox 50 mg 1 at bedtime and Nasalcrom aerosol spray 5.2 b.i.d.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: He denies any nausea, chest pain and palpitations. Gastrointestinal complaints as reviewed above. He denies any other joint complaints, diarrhea as reviewed above.

(SEE NEXT SHEET)

500685.011.0250

08/18/98

08:53

Page 2 of 3

HISTORY/PHYSICAL
FANTOZZI, RONALD M
Page 2

JEFFREY BROWN, M.D.

MS-300

8229528

PHYSICAL EXAMINATION: Temperature 36.5 , pulse 88, respiratory rate 20, blood pressure 140/80. **HEAD:** Atraumatic and normocephalic. **EYES:** Sclera white. Pupils equal, round, and reactive to light. Extraocular movements intact. **EARS:** Normal tympanic membranes bilaterally. **MOUTH:** No lesions in the oral mucosa, posterior pharynx, under the tongue. **NECK:** Supple without any lymphadenopathy or thyromegaly. **LUNGS:** Clear throughout. **CARDIAC:** Regular rhythm and rate without murmur. **ABDOMEN:** Normal bowel sounds, soft. Right lower and right middle abdominal tenderness without any rebound or guarding.

URINALYSIS: Showed 2+ bacteria, 3+ RBCs, no white cells. It was not cultured.

LABORATORY DATA: White count 8.3, hemoglobin 13.6, hematocrit 39.0, platelets 235,000, glucose 105, BUN of 12, creatinine 0.8, sodium 145, potassium 4.0, chloride 109, SGOT 46, alkaline phosphatase 77, albumin 3.8. He had a IVP that shows no obstruction reviewed by Dr. Khan. He had an abdominal series that showed no bowel obstruction but it is in the loop as seen.

IMPRESSION:

1. Severe right flank pain with hematuria, sounds consistent with nephrolithiasis although he has a negative IVP against obstruction. There are no signs of infection at this time with no white cells, no fever and no elevated white count. I will admit him for IV fluids, pain control and consult Dr. Mailhot in the morning. Other possibilities would be Crohn's disease given his loose bowel movements, though it does not sound consistent with Crohn's disease. He may need a CAT scan to further elucidate this. Will treat with morphine sulfate 25 mg IV every hour to keep him comfortable. Will give him 200 cc of IV fluid , get intake and output and continue with the foley catheter.
2. Anxiety disorder, doing well, continue Luvox 50 mg 1 h.s.
3. Crohn's disease, has been quiescent and I do not feel this is related to Crohn's disease but will keep that in mind.
4. Allergic rhinitis, uses Nasalcrom but doing well and does not feel he needs medication while he is in the hospital.


JEFFREY BROWN, M.D.

D: 08/17/98 JB
T: 08/18/98 wak

JEFFREY BROWN, M.D.
PAUL MAILHOT, M.D.
D3/ON

(P)
(P)
(P)

(SEE NEXT SHEET)

500685.011.0251

MEMORANDUM
FOR THE RECORD
DATE: 10/10/00
PAGE: 3

JEFFREY BROWN, M.D.

10-10-00

10-10-00

500685.011.0252

221342
JEFFREY L
FANTOZZI
210
207-7821873

ADMITTING PROGRESS NOTE

Date: Aug 17 1998

Admission Notes: 36 y.o. w/m w/ recurrent episodes of nephrolithiasis presents with severe @ flank pain. Began yest AM with bright red hematuria. Today pain continues. @ dark urine. Receiving multiple dose of Demerol with minimal relief.

Pc. 20 88 36.5 140/80
Recent - unremarkable
Lung - clear
Card - RRR
Abd - soft & mid to lower abd tenderness
Ext - Bedna.

8.3 $\frac{13.6}{39.0}$ 735 145/109 (105) 1210.3 SUST - 45
AVB 3.8

APR - No Bowel obstruction, @ Sigmoid loop
LYP - No obstruction

Admitting Diagnosis: Nephrolithiasis, Significant pain.

Plan of Management: Admit, IV Fluids, IV Morphine
Consult Dr. Mueller in AM.

REFERRAL TO SOCIAL WORKER—DISCHARGE PLANNING (Please Check) ☐

Surgery Anticipated: ☐ YES ☐ NO DATE:

Surgical Procedure:

History & Physical Dictated: ☒ YES ☐ NO DATE: TIME: RECORDER #:

F10109
CONTINUE PROGRESS NOTES ON REVERSE SIDE
Admitting Physician's Signature: *[Signature]*

6724 20 MS NR 221342
 JEFFREY L. 21
 RONALD M. 21
 (CONDITION OF WOUND, DRAINAGE, REMOVAL OF STITCHES, COMPLICATIONS, RESPONSE
 TO TREATMENT ETC., CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT, SIGNATURE 210
 RECORDING PHYSICIAN EACH TIME.) 62 5/8 207 200000
 219

Aug 18
 1998

Medical 8³⁰ AM.

Pain unchanged when dexamethasone wears off
 Dexamethasone helps.

Nausea helped w/ Phenergan

Imp. ? Nephrostomy w/ wgt IVP.

Dr. Moulton to see later this AM

J. Brown

8/18/98

NY Consultation -

36 yo M is T. griped w/ gross hematuria
 2 days ago - (R) flank pain -> R-L. Neg
 IVP. 4/9 -> RSC. Pain is persistent - only
 partial relief w/ Morphine.

PMN, Neg C; Cysto. Dis; Post
 inguinal hernia;

PE 11 RCUAS

1+ RUQ tenderness & some
 tend also R-L.

Imp. (R) flank pain assoc. hematuria

Plan - cysto + (R) Retrograde in AM

Moulton
 Johnson

PROGRESS NOTES

DATE	(CONDITION OF WOUND, DRAINAGE, REMOVAL OF STITCHES, COMPLICATIONS, RESPONSE TO TREATMENT ETC., CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT, SIGNED RECORDING PHYSICIAN EACH TIME.)
0.12.98	<p>Medical</p> <p>- Renal is significant pain although both</p> <p>- helps sleep</p> <p>Plan:</p> <p>- cysto / retrograde ureterogram</p> <p>- ↑ Demerol to 33mg/hr.</p> <p><i>[Signature]</i></p>
13 Aug 98	<p>MEDICINE 4 PM</p> <ul style="list-style-type: none"> • DIRECTOR OF MEDICINE & DR. BROWN, DR. MILLER AND PT. • STILL 0 "SIGNIFICANT PAIN" CONTINUES 0 IV DEMEROL AND PHENERGAN. • TEMP FLAT. STABLE VITALS. • CXR: LUNG CLEAR, SIZE PHYS, ABD. SOFT • RF 0 0 KLS, MINIMAL FLANK PERCUSSION TENDERNESS, GLE, ECC, SKIN INTACT 0 CHIN BLUE, NO PAIN OVER LUMBAL SPINDLE PROCESSES, PARASPINAL MUSCLES SI JOINTS OR SCIATIC NOTCHES LABS: PLAT 235K, INR 1.03, A.T 29 (IMP) 1) (R) RENAL COLIC 0 MICROSCOPIC + GROSS HEMATURIA + (U) SPA STENT (P) URETER - ? PARTIAL OBSTRUCTION AT URETEROSCOPY 0 0 IUP + (S) GORDON'S DISEASE - QUIESCENT BUT AT RISK FOR OXALATE STONES 2) HEPATITIS C 0 MILD HEMOGLOBINOPATHY BUT PREVIOUSLY (S) LIVER BX <p>PROGRESS NOTES</p> <p>- DJR</p>

PROGRESS NOTES

Cook
Urological

Order Number
003600

A Cook Group Company
1100 West Morgan Street
Spencer, Indiana 47360 USA
USA Toll Free: 800 457-4448

**KWART RETRO-INJECT™
STENT SET**

STENT WITH TETHER	6FR
LENGTH	22-32CM
TPE WIRE GUIDE	.038 145CM
INSERTER	5FR 70CM
RELEASE SLEEVE	8FR 38CM

CAUTION:
MAXIMUM INDWELLING TIME 6 MONTHS

INTENDED FOR ONE-TIME USE

Sterile (ETO) if package is unopened or undamaged.
Do not use if package is broken.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

Kontroll-NR
Lot No.
No. De Lote
No. Lotto

Verwendbar Bis
Utiliser Avant
Fecha De Caducidad
Usare Entro il

Herstellungsdatum
Date De Fabrication
Fecha De Fabricacion
Prodotto il

Lot Number
486056

Use Before
2001-04

Date of Manufacture
1998-04

22 32 038 145 5 70 8 38

22 32 038 145 5 70 8 38

PLAN 1) ✓ BISSAWE TIME → IF UNK THEN
UNUSUALLY THAT Pt. AT RISK FOR BISSAWE DIATHESIS
2) AWAIR STENT RESPONSE FOR PAIN CONTROL +
DRAINAGE
3) IF BT ↑, THEN VASCULOPATHY/EMBOLETH
EVALUATION

Boudry

221342
JEFFREY L
RICHARD N
HILAND RD

DATE	(CONDITION OF WOUND, DRAINAGE, REMOVAL OF STITCHES, COMPLICATIONS, RESPONSE TO TREATMENT ETC., CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT, SIGNED RECORDING PHYSICIAN EACH TIME.)
7/2/98	<p>1/4/ Aphile. Not much pain relief since stent inserted. Urine blood tinged. Pruritus pain could indicate that etiology is not urologic or pain could be 2° to stent placement/instrumentation. Need to await 24° response to stent placement. Consider CT scan & % recurrence of Crohn's Disease (unlikely).</p> <p>Further management per Dr. Roulander. Will follow peripherally for stent management.</p> <p><i>[Signature]</i> J. H. M. M.</p>
8/2/98	<p>1/4/ Improved pain. Urine still blood tinged. Plan. Leave stent in x 2 wks. Prescribe for the while stent in place.</p> <p><i>[Signature]</i> J. H. M. M.</p>
20 Aug 98	<p>MEADINE 7PM</p> <ul style="list-style-type: none"> PE CONVERTED TO IV DEMETER LAST NIGHT 2° LACK OF GOOD PAIN CONTROL ON CONTINUOUS PUMP OVERALL DOING BETTER. "HUNGRY". APXIDE TO GO. ENTIRE EXAM + VITALS. <p>HAS BLEEDING TIME 14</p> <p>Hgb 12 WBC 5.5 PLAT 220 K K+ 3.6 BUN 2/CR 0.6 - OVER-</p> <p>PROGRESS NOTES</p>

F10106

PROGRESS NOTES

11/11/01 13) PERSISTENT (R) FLANK TO
 (R) GROIN PAIN
 12) S/P (R) URETERAL STENT
 13) BT AT UPPER LIMITS PAIN TO INTOLERABLE
 PLAN 1) D/C IN FLUOR
 2) R/H PO FLUOR + REGULAR DIET
 3) PAIN CONTROL C AD PERCOCET/NARCOYN/
 PRILORF/ATIVAN
 4) ↑ ACTIVITY AS TOLERATED
 5) REPEAT READING TIME AS OUTPATIENT
 6) HOME TONIGHT IF DOING EXTREMELY WELL
 7) OTHERWISE HOME TOMORROW
 Boulogne

St. Mary's Regional Medical Center

Discharge Planning Screen**Admitting Section**

1. Present Employer: Shoe shop
Retired: Yes No
2. Current Living Situation:
 ___ Home Alone ☒ Home with Spouse ___ Home of Relative (who)
 ___ Nursing Facility ___ Boarding Home ___ Unknown
3. Do You Live In A: ___ Home ___ Apartment ___ Mobile Home
 ___ How many floors? / What floor (circle) 1st 2nd 3rd Other ___
 ___ Elevator (Y/N) ___ Stairs (Y/N)
4. Do You Have Equipment Available To You? ___ Type? ___
5. Community Resources Utilized At Time Of Admission
 ___ Home Health Services: Agency Name: ___
 ___ Western Area Agency On Aging
 ___ Congregate Housing (Maison Marcotte / Oak Park)
 ___ Meals On Wheels
 ___ Oxygen: Company Name: ___
 ___ Other Equipment: Company Name: ___
6. Any Problems With Transportation? (Indicate) D
7. Language Preference: ☒ English ___ French ___ Other
8. Signature Of Admitting Registrant/Nurse: _____

Social Worker Section

Date Opened: _____ Social Worker: _____
 Social Work Intervention Not Indicated: Reason: _____

Support Persons & Addresses	Home Telephone	Work Telephone	Agency & Hours Worked

Multidisciplinary Discharge Planning Form

BAPATEPAMERICAN

120073

500685.011.0259

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

Name: FANTOZZI, RONALD M
Pt. Phone: 782-3873
DOB: [REDACTED] 62
PHY(S): JEFFREY BROWN, M.D.
PHY(S):
Hosp #: 8229528
MR #: 22-13-42
X-RAY #: 08-99-89
Service Date: 08/17/98
NS/Room: MS-300

INTRAVENOUS PYELOGRAM 74415

Indication for Study: Right flank pain

FINDINGS: Intravenous pyelogram shows prompt contrast excretion bilaterally, maximum concentration is seen about 4 minutes and good nephrographic and pyelographic phases are noted. Both kidney shadows homogeneously opacified, smooth in contour and normal in size and shape. The pelvic caliceal system are symmetric and normal in gross morphology. Both ureters and the bladder fill normally.

A slight lucency is noted in the mid to proximal portion of the right ureter most likely a crossing vessel, however I cannot rule out a spasm. No filling defects are seen. No evidence of hydronephrosis. Surgical clips are noted in the right flank and right upper quadrant suggesting previous history of surgery.

IMPRESSION: Intravenous pyelogram with no evidence of obstruction. No venous stones are seen.

TK
TANWEER KHAN, M.D./nfp

D: 08/17/98 T: 08/18/98

cc:

JEFFREY BROWN, M.D.
X-RAY BACK OFFICE
X-RAY FRONT OFFICE
PHYSICIAN BILLING
RAD

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(O)
(O)
(O)
(O)

500685.011.0260

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

Name: FANTOZZI, RONALD M
Pt. Phone: 782-3873
DOB: 62
PHY(S): MICHAEL BOULANGER, M.D.
PHY(S): DOUGLAS BOYINK, M.D.
Hosp #: 8229528
MR #: 22-13-42
X-RAY #: 08-99-89
Service Date: 08/17/98
NS/Room: ER

*125
6/24/98*

FRONTAL VIEW OF ABDOMEN 74000

Indication for Study: Right flank pain, history of kidney stones

FINDINGS: Examination of the abdomen was compared with the previous exam dated September 1997 and now shows surgical clips in the right flank essentially without change suggesting previous surgery. A sentinel loop is noted in the mid abdomen. Stool is noted in the region of the rectum. No gross evidence of pneumoperitoneum. The visualized bony and soft tissue structures are within normal limits. The previously seen left sided ureteral stent is not seen on this exam.

IMPRESSIONS: Single frontal view of the abdomen shows a single sentinel loop in the mid abdomen. No evidence bowel obstruction. See above for details.

tlc
TANWEER KHAN, M.D./reb

D: 08/17/98 T: 08/17/98

cc: MICHAEL BOULANGER, M.D.
X-RAY BACK OFFICE
X-RAY FRONT OFFICE
PHYSICIAN BILLING
RAD

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500685.011.0261

ST. MARY'S REGIONAL
MEDICAL CENTER

Lewiston, ME 04240

RADIOLOGY REPORT

Name: FANTOZZI, RONALD M
 Pt. Phone: 782-3873
 DOB: 62
 PHY(S): JEFFREY BROWN, M.D.
 PHY(S): PAUL MAILHOT, M.D.
 Hosp #: 8229528
 MR #: 22-13-42
 X-RAY #: 08-99-89
 Service Date: 08/18/98
 NS/Room: MS-300

RETROGRADE PYELOGRAPHY 74420

Indication for Study: Nephrolithiasis and hematuria

FINDINGS: Five films were obtained intraoperatively. First shows scout film with anastomotic sutures in the right mid abdomen.

Image #2 shows a distal ureteral catheter in place. The distal 2/3 of the ureter are normal in appearance. At the level of 3-4 there are several filling defects which are seen on several images and could be air bubbles or stones. There is relative poor contrast in the collecting system on image #3. The rest of the collecting system and calices are relatively sharp.

On image #4 the upper collecting system is well opacified and is normal and again there is question of a filling defect at 3-4.

On image #5 a double J nephroureteral stent is seen in position.


 JOSEPH ULLMAN, M.D./nfp

D: 08/19/98 T: 08/20/98

cc:

JEFFREY BROWN, M.D.
 X-RAY BACK OFFICE
 X-RAY FRONT OFFICE
 PAUL MAILHOT, M.D.
 PHYSICIAN BILLING
 RAD

(F)
 (O)
 (O)
 (P)
 (O)
 (O)

Family Available to Provide Care (circle) Y N With Assistance

Discharge Rounds Date: _____

Date Skilled Level of Care: _____

Date Nursing Facility Level of Care: _____

Release of Information Date: _____

Noncoverage Date: _____

P.A. Date: _____

Prior Authorization Date: _____

Classification Date: _____

Referrals/Services Post Discharge

Date _____ SNF Name of Facility: _____

Date _____ NF Name of Facility: _____

Date _____ B.H. Name of Facility: _____

Date _____ Other Name of Facility: _____

Date _____ Home Care Name of Home Health Agency: _____

Date _____ Home O2/DME

Name of Company: _____

Ambulance: _____ United _____ Act

Child Protective/Adult Protective Svs: _____

PHN - Public Health Nurse: _____

Food Stamps (DHS): _____

SSD - Social Security Disability: _____

Medical Assistance: _____

SSI - Social Security Income: _____

General Assistance: _____

WAAA Community Programs: _____

Other (list): _____

Indicate: _____

Codes

AHHS Androscoggin Home Health Service

NHC Nurses House Call

KQC Kimberly Quality Care

HBC Home Based Care

NBC Nursing

S.W. Social Work

NF Nursing Facility

HCF Health Care Facility

VA Veterans Administration

DME Durable Medical Equipment

LEWISTON MEDICAL CENTER LEWISTON, MAINE 04240 (207)777-8400
DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

NAME	FANTOZZI, RONALD M	B/G	A 17-AUG-98
LOC	MS0300A	ACCT	8229528
PHY	BROWN, JEFFREY L	MREC	221342
DOB	16-APR-62	TYPE	I
AGE	36 Y	SEX	M
		DIAG	NEPHROLITHIASIS

+++++ LEGEND +++++
X=REQUEST U=PICKED-UP ?=PENDING C=CRITICAL L=LO H=HI * DELTA * NEW [] OLD-VALUE

===== HEMATOLOGY/COAGULATION =====

TEST	NORMAL RANGE	ID:3005 0645 20-AUG-98	ID:2916 1950 19-AUG-98	ID:2453 1256 18-AUG-98	STAT:1900 1030 17-AUG-98
WBC	4.5-11.0 X10 ³	5.5*			8.3
RBC	4.7-6.1 X10 ⁶	3.07* L			4.21 L
HGB	14-18 G/DL	12.5* L			13.6 L
HCT	42-52 %	37.0* L			39.0 L
MCV	80-94 FL	95.4* H			92.8
MCH	27-31 PG	32.2* H			32.4 H
MCHC	33-37 G/DL	33.0*			34.9
RDW	11.5-14.5 %	11.3* L			11.2 L
PLATELET COUNT	130-400 X10 ³	220*			235
MPV	7.4-10.4 FL	7.8*			7.2 L
LYMPHS (COULTER)	20-35 %	26.1*			12.3 L
MONO (COULTER)	0-15 %	17.0* H			9.8
GRAN (COULTER)	55-81 %	53.7* L			76.8
EOS (COULTER)	0-3 %	2.7*			0.9
BASO (COULTER)	0-1 %	0.5*			0.2
PROTHROMBIN TIME	11.0-13.3 SEC			12.4	
INR	2.0-3.5			1.03 L	
APTT	23.5-33.9 SEC			29.3	
SDP BLEEDING TIME	2.5-9.5 MIN		14.0* H		
COMMENT			SEE BELOW		

ID : 2916 TEST : COMMENT
PCAT : 17-AUG-98 PTIM : 1950
C3 PAULINE 2000 SF*

MSD

CHEMISTRY/CARDIAC/CLPTDS

TEST	NORMAL RANGE	ID:3005 0645 20-AUG-98	ID:2453 1256 18-AUG-98	STAT:1900 1030 17-AUG-98
CALCIUM	8.7-10.7 MG/DL			9.2
GLUCOSE	70-100 MG/DL	110% H		105
BUN	7-22 MG/DL	2% L		12
CREATININE	0.6-1.2 MG/DL	0.6%		0.8
URIC ACID	3.9-7.6 MG/DL	2.6% L		
TOTAL PROTEIN	6.0-8.3 G/DL			7.0
ALBUMIN	3.5-4.6 G/DL		3.5	3.8
GLOBULIN	2.3-5.3 G/DL			3.2
A/G RATIO	1.1-1.8			1.2
TOTAL BILIRUBIN	0.3-1.2 MG/DL		1.7 H	1.2
DIRECT BILIRUBIN	0.0-0.4 MG/DL		0.5 H	
INDIRECT BILIRUBIN	0.0-0.8 MG/DL		1.2 H	
ALKALINE PHOS	37-107 U/L		72	77
SDPT	8-42 U/L		47 H	46 H
SDPT	0-55 U/L		77 H	
CHEMISTRY COMMENT		SEE BELOW		
NA	135-145 MEQ/L	142%		145
K	3.9-5.2 MEQ/L	3.6% L		4.0
CL	90-100 MEQ/L	109% H		109 H
CO2	23-33 MEQ/L	32%		

ID : 3005
 PDAT : 20-AUG-98
 BUN CHECKED*

TEST : CHEMISTRY COMMENT
 PTIM : 0645

FANTOZZI, RONALD H #0229528

20-AUG-98 AT 04131 PM (CONT.)

- PAGE 2 -

CUMULATIVE REPORT

500685.011.0266

----- URINALYSIS/PARASITOLOGY/IMMUNOLOGY -----

TEST	NORMAL RANGE	STAT:2127 1742 17-AUG-90
URINE REFRIGERATED		NO
URINE CULTURED?		NO
URINE APPEARANCE	CLEAR	TURBID
URINE COLOR	YELLOW	YELLOW
URINE SPEC. GRAVITY	1.000-1.030	1.025
URINE LEUKO EST.	NEGATIVE	NEGATIVE
URINE NITRITE	NEGATIVE	NEGATIVE
URINE PH	5.0-8.0	5
URINE PROTEIN	NEGATIVE (MG/DL)	TRACE
URINE GLUCOSE	NORMAL (MG/DL)	NORMAL
URINE KETONES	NEGATIVE	NEGATIVE
URINE UROBILINOGEN	NORMAL (MG/DL)	NORMAL
URINE BILIRUBIN	NEGATIVE	NEGATIVE
URINE OCCULT BLOOD	NEGATIVE (ERY/UL)	APPROX 250
URINE RBCS	NEGATIVE (/HPF)	3+
URINE WBCS	NEGATIVE (/HPF)	NEGATIVE
URINE BACTERIA	NEGATIVE (/HPF)	2+
URINE CRYSTALS	NEGATIVE (/HPF)	SEE BELOW
URINE CASTS	NEGATIVE (/LPF)	NEGATIVE
URINE MUCUS	NONE SEEN (/LPH)	PRESENT
URINE SQUAMOUS CELL	NEGATIVE (/HPF)	FEW
URINE TRANSITIONALS	NEGATIVE (/HPF)	NEGATIVE
URINE OTHER CELLS	NEGATIVE (/HPF)	NEGATIVE

ID : 2127 TEST : URINE CRYSTALS
 PAT : 17-AUG-78 PTIM : 1742
 MANY AMORPHOUS URATES

ST. MARY'S REGIONAL MEDICAL CENTER

PRE-ANESTHETIC EVALUATION

NAME JEFFREY L
 LAST FIRST MIDDLE DONALD W
 ADDRESS 110 RD
 CITY STATE ZIP
 PHONE NO 7823873
 21401-01 H219

M	F	AGE	INTERVIEW DATE:	PROCEDURE DATE:	PHYSICIAN:
		36	8/19	8/19	
CLINICAL DX			PREVIOUS ANESTHETICS/SURGERY		
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St. Mary's Regional Medical Center Operating Room Charge Sheet

Injectables

1288 Decadron 4mg/ml vial (Dexamethasone)
3082 Depo-Medrol 40mg vial
3085 Depo-Medrol 80mg vial
1741 Epinephrine 1:1000 Tubex
2044 Gentamycin 80mg/2ml vial
2056 Glucagon 1mg vial
5464 Heparin 10 units/ml 30ml vial (Hep-Lock)
5803 Heparin 1000 units/ml 10ml vial
2234 Heparin 5000 units/ml Tubex
2419 Indigo Carmine 10ml amp.
5985 Kefzol Irrigation 1g/1000ml
2647 Lidocaine 1% 20ml vial
2662 Lidocaine 2% 20ml vial
5673 Lidocaine w/Epi 1% 20ml vial
5674 Lidocaine w/Epi 2% 20ml vial
2794 Mannitol 25% 50ml
5794 Methylene Blue 1ml amp.
3058 Methylene Blue 10ml amp.
3223 Mitomycin 0-3mg 10.6ml
3781 Neo-Synephrine 1% 10mg vial
5080 Pitressin 20 units/amp (Vasopressin)
3553 Papaverine 30mg amp.
2890 Polocaine MPF 2% 20ml
5773 Sensorcaine 0.5% MPF 30ml
6024 Sensorcaine 0.5% w/Epi MPF 30ml
0610 Sensorcaine 0.25% w/Epi MPF 30ml
5772 Sensorcaine 0.25% MPF 30ml
4414 Sodium Bicarbonate 8.4% 50ml
2311 Solu-Cortef 100mg/ml vial
3097 Solu-Medrol 40mg/ml vial
5923 Urokinase 5000 units
2263 WyDase 150 units/ml vial
2266 WyDase 1500 units/10ml vial

Narcotics

5706 Astramorph 10mg/ml
5257 Cocaine Flakes 325mg
1072 Cocaine Solution 10% 4ml

Eye Preparations

6012 Amvisc Plus 0.8ml
0403 Atropine 1% 5ml
5820 Betagan 0.5%
5528 Betaxolol 0.5% (Betoptic)
4522 BSS 15ml
4525 BSS 500ml
4528 BSS Plus 500ml

Signature: [Signature]

Date: 5/1/03

1st Pharmacist (signature and date)

8229528 NS HR 1 221342
8/17/98 BROWN, JEFFREY L
FANTOZZI, RONALD M
40 POLAND RD
AUBURN NE 68210
036Y /62 N/M 207-7823873
218103-Pharmacy 30420

Eye Preparations - Continued

5765 Collagen Shield
1156 Cyclogel 1% 2ml
1153 Cyclogel 2% 2ml
0343 Duratears
1936 Fluorescein 2%
2032 Gentamicin Sol. 5ml
1294 Maxitrol Ointment 3.5g
3349 Maxitrol Suspension 5ml
0061 Miochol 2ml/vial (Acetylcholine)
0697 Miostat 0.1% (Carbachol)
3760 Mydrin 2.5% sol 5ml (Phenylephrine)
3376 Neomycin, Bacitracin, Polymyxin Eye Oint. 1/Roz
6079 Phaco Drug Kit
3763 Phenylephrine 10% dropperette
3823 Pilocarpine 1% sol. 15ml
3826 Pilocarpine 2% sol. 15ml
5736 Pilocarpine 4% GEL (Pilocarpine)
0451 Polysporin Oint. 3.5g
5661 Purafube Ointment
4708 Tetracaine .5% Solution (dropperette)
5910 Timoptic 0.5% (Ocudose) 0.45ml
4885 Tobrex 0.3% sol. 5ml
5767 Tobradex 2.5ml
5775 Tobradex Ointment 3.5g

Topicals

4114 Aminocerv Cream (Urea Combo Vaginal Cr)
3532 Afrin 0.5% Spray
4606 AVC Cream 15%
5636 Avitene Can 1g (Microfibrillar Collagen)
3178 Avitene Sheet 70x35 (Microfibrillar Collagen)
0445 Bacitracin Ointment 15g
6068 Betadine Spray
3364 Cortisporin Solution
3367 Cortisporin Suspension
3931 Efodine Ointment 30g
2011 Gelfin
2017 Gelfoam Sponge (small)
5675 Gelfoam Sponge (large)
6102 Gelfoam Powder
6066 Gentamycin Irrigation
3187 Mineral Oil Sterile 10ml
3376 Neosporin Oint. 15g
5621 Neosporin Irrigation Sol. 250ml
3769 Neo-Synephrine 0.125% sol
3775 Neo-Synephrine 0.25% Spray
1831 Ogen Vaginal Cream (Estragen)
0454 Polysporin 15g Ointment
4360 Silvadene 20g (Silver Sulfadiazine)
4853 Thrombin 5,000 units - Vial
3376 Triple Antibiotic Ointment
2653 Xylocaine Jelly 2%

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O.R. Charges

by: *Stemberlat*

O.R. SERVICE CHARGES

CAUTERY REG. HP CMC

COBE

CRYO-FRIGITONIC

CUSA

DRILLS/SAW

ELEC-HYDRO LITHO

LASER CO. YAG

MIDAS REX TOOL KIT

MINI C-ARM

NUCLEOTOME/PAK

SCOPES Micro Endo

SHAVER/BLADE KIT

STEALTH

TOURNIQUET

VITRECTOMY/Pack

PT Charge Cards:

Ace Size

Accutemp

Adaptic 3x3 3x8

Bile Bag

Bladder Tray

Blue Ear Syringe

Cath Sec

Cath Bag/Clamp Size

Cth Drainage Bag

Conform Size

Conway Dye 407-9986

Cysto Set

Delta Lyte 2" 3" 4" 5"

Eye Shield RT LT

Foley Size

Gauze: 10 PI Vas

Head Halter

IV Fluid <250

IV Fluid >500

Immobilizer Type Size

Kelly Prep

Kerlix

Pleur Vac

Razor

Reno 30 DYE 407-9985

Scrot Sup Size

Sleeves SCD Size

Sp Needle Size

Stocking TED size

SteriStrips Size

Suct Cath Size

Toomey

TUR set

Urometer

Xenform 1x8 5x9

OB/GYN

C-section Pack 5080

Humi Manipulator 5065

Laser Tubing/Filter 6212

Peri GY Pack 5082

Suction D & F 5078

Vag Pack (6.5)

CARDIOVASCULAR

Adherent Cath 5111

Embolectomy Cath 5185

Perm Cath 5154

Port. Hickman Kit 5191

Port. MRI 5170

Surgipack 5143

Suture Pkts 5174

Vessel Ligate 5455

EYES

#4736 Blade 1107

#7513 Blade 1092

#681.13 Blade 1115

#681.21 Blade 1290

Alcon Slit/Crescent 1305

BSS Admin Set 1140

Cannula 27g 1172

Cataract Pack 1316

Catch Bag 1005

Corneal Transplant 1135

NAME OF BANK

Cystotome Needle 1181

Fraser 1210

#1213 Eye Drape 1207

Irrig Ocultome Probe 1139

Lens Glide 1310

Oec Occluder 1330

Phaco Supply Kit 1111

Visco Flow Cannula 1170

URO

Cysto Pack 4265

Disp. Ellick 4177

Fulg Cord 4142

Laser Side Fire Fibers 4034

Lingeman Pack 4175

Mynoptx Bx Instr. 4178

Resectoscope Loop 4032

Tru Cut Bx Needle 4180

*cone tip material**cone tip material*

ENDOSCOPY

Bard Gyne Flo Irrig/Asp 7040

Cholang Cath 6028

Converters 5399

Endo Carpet Tunnel Kit 7016

Endoclip 6081

Endo GIA 7009

Endo GIA Reload 7011

Endo Hernia 7001

Endo Hernia Reload 7002

Endoloops 6389

Insufflator Tubing 7032

Lap Appy Kit 7015

Lap Chole Access Kit 6209

Laparoscopy Pack 6278

Laser Fibers 5071

Marlow Na Tip 7010

Suct/Irrig. Probe 7039

Suct/Irrig. Probe w/Rt Angle 7041

Surgipon Mesh 7035

5mm Trocar 5402

The Right Clip 7012

Verres Needle, Disp. 7006

5-11 Versaport 5400

5-12 Versaport 5404

*Kwant Stent**1003600**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056**201 # 186056*

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8/ '98 BROWN, JEFFREY L

FAN: Z. RONALD N

40 POLAND RD

AUBURN

036Y

218103-01

H219

GENERAL/MISC SUPPLIES

Basic Pack 6280

Bag Spout 4150

Disc Pad 6286

Disp Bulb Syringe 6400

Drain J.P. w/Reservoir 6128

Drain Davol 6096

Drain Chest 6109

1010 Drape 6138

6640 Drape 6159

6650 Drape 6157

Dura Prep 6164

Ext Sheet 9046

Hemoclip (sm)

Hemoclip (med) 6211

Hemoclip (lg) 6215

Instr Pad 6282

Lap Sponges 6324

Lap T-Sheet 6318

Liner - Reg 6216

Liner - Baxter 4052

Marker 6297

Mayo Cover 6094

Microfoam Tape 6404

Needle Tip/Ext. Blade 6235

Patties 6287

Peanuts 6296

Red Rubber Cath 6420

Sleeve 6002

Solo Prep 6322

Staples 35w 6364

S Tubing 20' 6466

Surgical Sm 6393

Surgicell 6391

Table Cover 6090

Tegaderm 1232

Tipolisher 6408

Tips Argyle 6396

Tips Pook 6394

Tips Reg 6410

T-Sheet 6316

Utility Drape 6412

ENT

Doyle Splints 1515

Glasscock Dressing 1235

Instr. Wipes 1915

Microtek 1320

Nasal Tampons 1618

Sm Ear Drape 1215

Tonsil/polyp Snare 1500

Tonsil Sponge 1530

Tube, Ear 1715

Tym Tap 1622

ORTHOPEDICS

Arthroclipping & Tra 4016

Arthroscopy Tubing 9128

Barrier U Drape 8125

Bone Dri Wick 8046

Cast Padding 8056

Cement 8058

Cement Mixing Bowl 8044

Cement Gun Kit 8060

Cloud 9 Pad 8080

Coban 4" 8068

Coban 6" 8070

Drape C-Arm 8128

Drape Mini C-Arm 8179

Drape X-Ray 8126

Drill Bits #310 Series 8148

Drill Bits, Twist 8139

Femoral Brush 8048

Gown Disp. 8180

Intestinal Bag 6010

Isolation Drape 8138

K-Wires 8286

K-Wires #292 Series 8299

Plaster Cast/Splint Adult 0107

Plaster Cast/Splint Child 0108

4 x 5 Stockinette 9110

6 x 48 Stockinette 9096

6 x 60 Stockinette 9100

Stockinette Lg Imp 9094

Stockinette Imp 9102

Simpulse Tubing/Tip 6398

NEUROLOGY

Ant Cerv. Disc. 3001

Blue Foam Face Pad 8055

Bone Wax 9132

Cloward Arm Set 3004

Codman Perf 3020

#3100 Connect Tubing 9130

Crani Blade 3005

Crani Sheet 3095

Epidural Cath 3074

Frazier Tip 3092

Jelco 6201

Microdisc. Neuro 3002

Olson Blade 3012

Phili Collar 8074

Scope Drape 1230

Wire Pass Drill 9170

For Sec. Use Only

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